

PREPARE AN INJECTION FOR ADMINISTRATION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: III

REFERENCE: STP 21-1-SMCT, Task: 081-833-0088 Prepare an Injection for Administration

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.

PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.

ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.

DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. Soldier (Last Name, First Name, MI)	2. Date (YYYYMMDD)
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SCENARIO:

You are working in a battalion aid station. A patient requires a medication to be injected. You must prepare the injection for administration.

GRADING SHEET

TASK

COMPLETED

3. Performance Measures	COMPLETED					
	1ST		2ND		3RD	
P	F	P	F	P	F	
a. Selected an appropriate needle.	<input type="checkbox"/>					
b. Selected an appropriate syringe.	<input type="checkbox"/>					
c. Inspected the needle and syringe packaging for defects.	<input type="checkbox"/>					
d. Unpacked the syringe.	<input type="checkbox"/>					
e. Inspected the syringe.	<input type="checkbox"/>					
f. Unpacked the needle.	<input type="checkbox"/>					
g. Attached the needle to the syringe.	<input type="checkbox"/>					
h. Inspected the needle.	<input type="checkbox"/>					
i. Placed the assembled needle and syringe on the work surface.	<input type="checkbox"/>					
j. Verified the drug label and checked for defects.	<input type="checkbox"/>					
k. Prepared and drew the medication.	<input type="checkbox"/>					
l. Checked the syringe for air bubbles.	<input type="checkbox"/>					
m. Reverified the correct dosage.	<input type="checkbox"/>					
n. Covered the needle with the protective cover utilizing the scoop method.	<input type="checkbox"/>					
o. Did not violate aseptic technique.	<input type="checkbox"/>					

4. Demonstrated Proficiency	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Start Time	6. Stop Time	7. Initial Evaluator
8. Start Time	9. Stop Time	10. Retest Evaluator

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GRADING SHEET (continued)

11. Start Time	12. Stop Time	13. Final Evaluator
14. Evaluator's Comments		